

<i>SERFF Tracking Number:</i>	<i>META-125632859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38854</i>
<i>Company Tracking Number:</i>	<i>G08-23</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>G08-23/G08-23</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Long-Term Care SERFF Tr Num: META-125632859 State: ArkansasLH

Insurance Advertising

TOI: LTC03G Group Long Term Care

SERFF Status: Closed

State Tr Num: 38854

Sub-TOI: LTC03G.001 Qualified

Co Tr Num: G08-23

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Harris Shearer

Author: Mary Rinaldi

Disposition Date: 07/23/2008

Date Submitted: 05/02/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: G08-23

Project Number: G08-23

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size: Small and Large

Group Market Type: Employer

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Previous Filing Number: W00-37 TO

Overall Rate Impact:

Filing Status Changed: 07/23/2008

State Status Changed: 07/23/2008

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Re: MetLife Filing No. G08-23

Metropolitan Life Insurance Company ("MetLife")

Group Long-Term Care Insurance Advertising

NAIC Company No. 65978 - FEIN No. 13-5581829

Dear Sir/Madam:

<i>SERFF Tracking Number:</i>	<i>META-125632859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38854</i>
<i>Company Tracking Number:</i>	<i>G08-23</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>G08-23/G08-23</i>		

We enclose for filing electronic copies of the group long-term care advertising materials described below. The material are intended for use with the following previously approved group long-term care policy forms G.LTC197 approved September 28, 1998, G.LTC1597 approved September 1, 1998, and GPNP99-LTC approved February 22, 2000.

The advertising material is similar to Form ADF#488.00 previously filed with your Department March 22, 2001..

Advertising Form Number	Brief Description of Invitation to Inquire Advertising Material
ADF#488.00(rev.01/08)	Closer Look Poster

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,
 Mary J. Rinaldi
 Consultant-Compliance Marketing/AD

Company and Contact

Filing Contact Information

Mary Rinaldi, Consultant- Compliance MKTG/AD Green Farms Road Westport, CT 06880	mrinaldi@metlife.com (203) 221-3859 [Phone]
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Filing Company Information

Metropolitan Life Insurance Company. 1MetLife Plaza Long Island City, NY 11101-4015 (111) 111-1111 ext. [Phone]	CoCode: 65978 Group Code: -99 Group Name: FEIN Number: 13-5581829 -----	State of Domicile: New York Company Type: Life State ID Number:
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Filing Fees

SERFF Tracking Number: META-125632859 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38854
Company Tracking Number: G08-23
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Advertising
Project Name/Number: G08-23/G08-23

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$0.00	05/02/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000917726	\$25.00	04/25/2008

SERFF Tracking Number:	META-125632859	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38854
Company Tracking Number:	G08-23		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long-Term Care Insurance Advertising		
Project Name/Number:	G08-23/G08-23		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/23/2008	07/23/2008

<i>SERFF Tracking Number:</i>	<i>META-125632859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38854</i>
<i>Company Tracking Number:</i>	<i>G08-23</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>G08-23/G08-23</i>		

Disposition

Disposition Date: 07/23/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	META-125632859	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38854
Company Tracking Number:	G08-23		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long-Term Care Insurance Advertising		
Project Name/Number:	G08-23/G08-23		

Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Form	Filed-Closed	Yes
Supporting Document	Explanation of variables	Filed-Closed	Yes
Supporting Document	Cover Letter	Filed-Closed	Yes
Form	Closer Look Poster	Filed-Closed	Yes

SERFF Tracking Number:	META-125632859	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38854
Company Tracking Number:	G08-23		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long-Term Care Insurance Advertising		
Project Name/Number:	G08-23/G08-23		

Form Schedule

Lead Form Number: ADF#488.00(rev.01/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	ADF#488.00(rev.01/08)	Advertising	Closer Look Poster	Revised	Replaced Form #: ADF#488.00 Previous Filing #: W00-37 TO	0	ADF#488.00-Rev.0108_CloserLookPoster.pdf

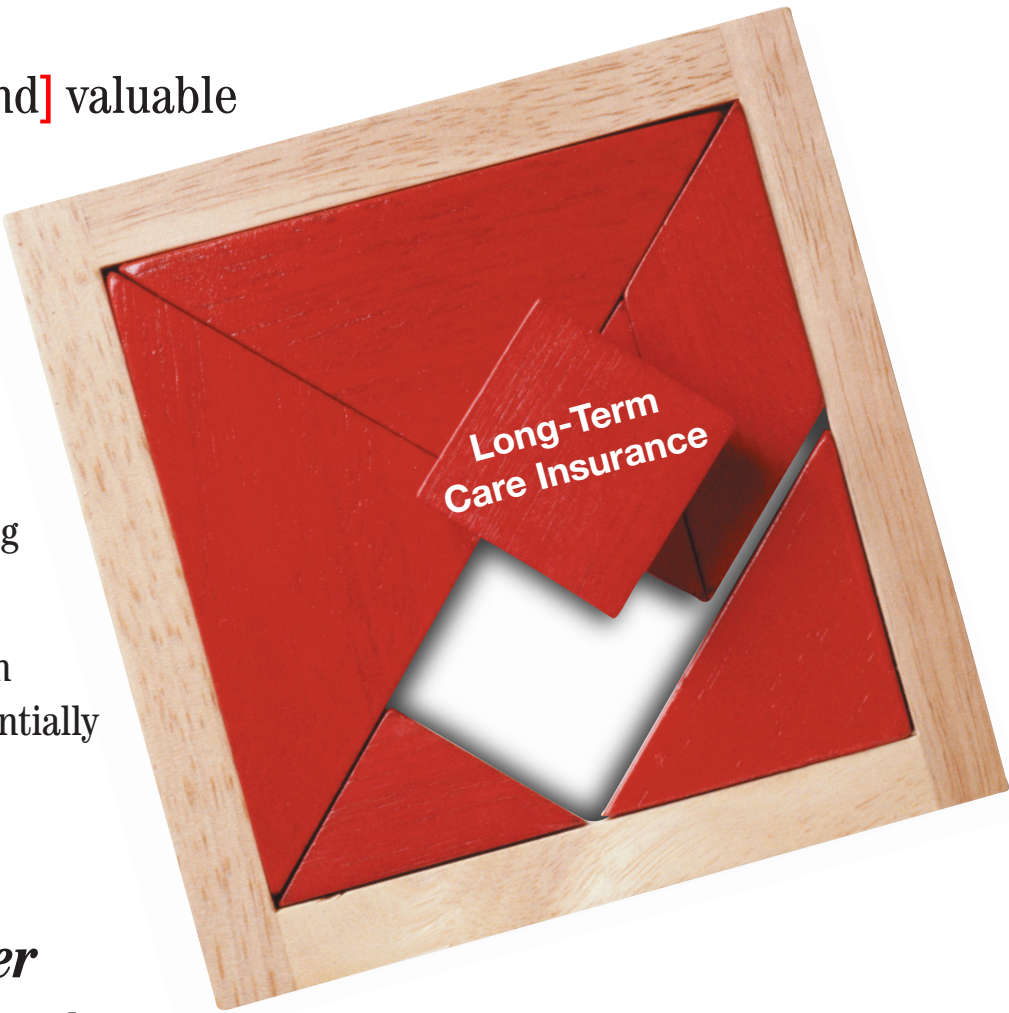
Take A Closer Look...

[It's new...]

[Long-Term Care Insurance (LTCI) is a [new and] valuable voluntary benefit.]

It's important...

- ▶ [LTC services today can cost as much as \$165,564.¹
- ▶ Nearly half of all Americans will need long-term care services at some point in their lives, and one in five Americans over the age of 50 is at a high risk of needing long-term care services in the next 12 months.²
- ▶ Your medical and disability income insurance, and even Medicare, were not primarily designed to cover the potentially high costs of long-term care services.]



Only LTC Insurance is designed to cover these services. It's a simple — and smart — way to help protect your [assets and your savings] from being [spent on/depleted by] paying for long-term care services.

[Be smart. Consider it now/today!]

- Premium rates are based in part on your age so it may make sense to enroll before your next birthday.
 - You'll get group rates.]
 - It's easy to [enroll]. In fact, if you [apply/enroll] now, you won't have to submit proof of good health.]
- ▶ This [special] enrollment period ends

- ▶ Get all the information you need — [visit www.metlife.com/mybenefits or call **1-800-438-6388**] for an [Information] Kit today!
- ▶ [Come to /Join us] for the [employee awareness meeting] where you can get answers to all of your questions about the MetLife Long-Term Care Insurance plan.

Date _____

Time _____

Location _____

[(Bring your enrollment materials with you.)]

[¹ Based on an average nursing home stay of 2.4 years "Nursing Home Use by "Oldest Olds" Sharply Declines, The Lewin Group, 2006 at an average annual national cost of over \$68,985, "The MetLife Market Survey of Nursing Home and Assisted Living Costs," Mature Market Institute, October 2007. Actual costs will vary by geographical area.
² "Consumer Information About Long Term Care: A Guide for Families," National Center for Assisted Living, as of 2003.]

Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class-wide basis. Coverage may not be cancelled due to your individual age or a change in health. Call MetLife at 1-800-438-6388 for cost and complete details. Insurance Policy forms G.LTC197, G.LTC1597 or GPNP99-LTC.



Metropolitan Life Insurance Company

© 2008 MetLife, Inc. Metropolitan Life Insurance Company, New York, NY 10166

<i>SERFF Tracking Number:</i>	<i>META-125632859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38854</i>
<i>Company Tracking Number:</i>	<i>G08-23</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>G08-23/G08-23</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125632859 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38854
Company Tracking Number: G08-23
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance Advertising
Project Name/Number: G08-23/G08-23

Supporting Document Schedules

Review Status:
Satisfied -Name: NAIC Form Filed-Closed 07/23/2008
Comments:
Attachment:
AR _ NAIC_Group.pdf

Review Status:
Satisfied -Name: Explanation of variables Filed-Closed 07/23/2008
Comments:
Attachment:
EOV_ADF#488.00-Rev.0108 Take A Closer Look Poster.pdf

Review Status:
Satisfied -Name: Cover Letter Filed-Closed 07/23/2008
Comments:
Attachment:
AR_G_Filing Letter .pdf

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	ARKANSAS					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573	mrinaldi@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
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6.	Company Tracking Number: G08- 23						
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
8.	Market	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Individual </div> <div> <input type="checkbox"/> Franchise </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> Group </div> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance	LTC03G Group Long-Term Care Insurance					
10.	Product Coding Matrix Matix Filing Code	LTC03G.001 - Qualified					

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	May 2, 2008
13.	Filing Fee (If required)	Amount \$ 25 .00 . _____ Check Date April 25, 2008 Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number 000917726
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description:	GROUP LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)
	PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u>		
Print Name <u>Mary J. Rinaldi</u>		Title: <u>Consultant-Compliance/Marketing/AD</u>
Original Signature <u><i>Mary J. Rinaldi</i></u>		Date <u>May 2, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		G08-23
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	Closer Look Poster	ADF#488.00 (rev.01/08)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	ADF#488.00
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

INVITATION TO INQUIRE TAKE A CLOSER LOOK POSTER EOY

FORM NUMBER: ADF# 488.00(Rev.01/08)

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

ILLUSTRATIVE MATERIAL

Illustrative material consists of entries such as logos, numbers, names, company names, group numbers, phone numbers, street addresses, website addresses, administrative codes and dates which may be varied.

Design (look) of material may vary. For example, photos may be inserted or removed, color scheme may be one, two, three or four-color, and size and format may be adjusted. Design changes will not affect the specific variable material or the text included in the piece.

SPECIFIC VARIABLE MATERIAL

Specific variable material is marked as numerical items within the enclosed form. Specific items marked will be changed only as indicated in the explanations set forth below.

Section	Item	Explanation
GENERAL	General	All statistical information and accompanying sources may be updated to reflect the most current, up-to-date information.
	1	Item may appear as shown, may be deleted or may be revised to show one of the following: Client Name and/or Group Long-Term Care Insurance (LTCI) Plan. OR Client Name and/or Group LTCI Plan.

GENERAL
(CONTINUED...)

- 2 Item will appear as shown or may be revised to add a list of eligible classes. Eligible classes are determined on a case by case basis.
- Long-Term Care Insurance (LTCI) is a [new and] valuable voluntary benefit [for employees, spouses and retirees].
- OR**
- Long-Term Care Insurance (LTCI) is a valuable voluntary benefit [for employees, spouses and retirees].
- 3 The words “new and” will appear as shown in this sentence or may be deleted if the poster is used outside an initial enrollment period, when guaranteed issue is not available or offered.
- 4 Item will appear as shown or may be revised to include any of the following: assets, income, savings, 401k, 403b, investments and/or retirement plans.
- 5 Item will appear as either “spent on” or “depleted by”.
- 6 Item may appear as shown, may be revised to remove “Be Smart.” or may show as one of the following:
- Be Smart. Consider it now!
- OR**
- Be Smart. Consider it today!
- 7 Item may appear as shown, may be deleted or may show the following:
- Your rates are based on group rates.
- 8 Item may appear as shown or may be revised to read “apply” when guaranteed issue is not available.
- 9 Item may be revised to read “apply now” if full underwriting or simplified issue is required or “enroll now” if guaranteed issue is available. Item may also be deleted.

GENERAL
(CONTINUED...)

- 10 Item may appear as shown or may be revised to show the new hire, guaranteed issue, simplified issue or full underwriting requirements for each group. Such as:
- It's easy to [enroll]. In fact, if you [apply/enroll] now, you won't have to submit proof of good health. [Eligible retirees and family members] require [evidence/proof] of insurability.
- OR**
- It's easy to [enroll]. In fact, if you [apply/enroll] within [XX days of hire], you won't have to submit proof of good health. [Eligible retirees and family members] require [evidence/proof] of insurability.
- OR**
- It's easy to [enroll]. In fact, there are no health questions asked if you enroll within [XX days of your date of hire]! [You are guaranteed coverage as long as you are actively at work on your effective date [of coverage].
- Eligible classes and New Hire periods are determined on a case by case basis.*
- 11 Item may appear as shown or may be deleted.
- The term "special" refers to the employees' ability to be approved for coverage without having to answer any health questions or only limited health questions. The term "special" does not refer in any way to rates being offered.
- 12 Item will appear as shown or may be revised to show either the website information or phone number.
- 13 Item will appear as shown or may read "Enrollment" or "Application".
- 14 Item will appear as either "Come to" or "Join us"
- 15 Item will appear as is or may be revised to read "webinar(s)", "web meeting(s)", "webinar session(s)", "enrollment meeting(s)" or "enrollment session(s)".
- The word employee may appear as is or may be revised to show how a client refers to their employees (i.e., members, associates, etc.)
- 16 Item will appear as shown, may be revised to show webinar meetings/sessions or may be deleted if the company is not having webinar or onsite meetings.
- 17 Item will appear as shown or may be deleted if the company is not having onsite meetings.

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3859 Fax 203 221-6573
Mrinaldi@metlife.com

MetLife®

Mary J. Rinaldi
Long-Term Care

May 2, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: MetLife Filing No. G08-23
Metropolitan Life Insurance Company ("MetLife")
Group Long-Term Care Insurance Advertising
NAIC Company No. 65978 - FEIN 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the group long-term care advertising materials described below. The material are intended for use with the following previously approved group long-term care policy forms G.LTC197 approved September 28, 1998, G.LTC1597 approved September 1, 1998, and GPNP99-LTC approved February 22, 2000.

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The NAIC Form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Mary J. Rinaldi
Consultant-Compliance Marketing/AD